

CLAIMS ONLY							Application Number <i>10708165</i>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3							53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11	/						61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16	/						66			
17		/					67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25	/						75			
26		/					76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34	/						84			
35		/					85			
36		/					86			
37	/						87			
38		/					88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	6						Total Indep			
Total Depend	32						Total Depend			
Total Claims	38						Total Claims			